

Vonda M. Wallace  
Patrol Specialist

AK 34

Vonda M. Wallace  
Patrol Specialist

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)	09/509457					
CLAIMS													
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51					
2	1							52					
3	1							53					
4	1							54	1				
5	1							55	1				
6	1							56	1				
7	1							57	1				
8	1							58	1				
9	1							59	1				
10	1							60	1				
11	1							61					
12	1							62					
13	1							63					
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17	1							67					
18	1							68					
19	1							69					
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33	1							83					
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35	1							85					
36	1							86					
37	1							87					
38	1							88					
39	1							89					
40	1							90					
41	1							91					
42	1							92					
43	1							93					
44	1							94					
45	1							95					
46	1							96					
47	1							97					
48	1							98					
49	1							99					
50	1							100					
TOTAL IND.								TOTAL IND.	3				
TOTAL DEP.								TOTAL DEP.	56				
TOTAL CLAIMS								TOTAL CLAIMS	59				